

PURPOSE

To assure consistency, quality in reporting and investigatory process grievances and Michigan Department of Health and Human Services (MDHHS) work rule violations across hospitals.

POLICY

Grievances and MDHHS work rule violations are investigated independent from hospital operations, timely, and with consistency and quality, to minimize conflicts of interest and bias, while informing risk management in an integrated patient safety system.

DEFINITIONS**Complaint**

An expression of dissatisfaction about patient care or service(s) that may be promptly resolved by hospital staff. A complaint is not a grievance unless it is not promptly resolved through a patient expressing satisfaction with the actions taken on their behalf. Examples of such include, but may not be limited to:

- Request for a change in bedding.
- Housekeeping of a room.
- Heating a meal.

Patients, a patient's family member or guardian, and visitors are encouraged to address any complaints with hospital staff at the time the complaint arises. Hospital staff must make every attempt to resolve a complaint immediately or refer the complainant to the appropriate employee or department for assistance.

Grievance

A formal or informal, written, or verbal complaint made to a hospital employee by a patient, or the patient's representative, regarding the patient's care. Issues related to the hospital's compliance with the CMS, Hospital Conditions of Participation (CoP) and Medicare beneficiary billing complaints related to rights and limitations provided by 42 CFR 489 may be grieved.

Grievance Coordinator

A hospital staff member appointed by the hospital director to receive and review patient grievances and assign responsibility for their resolution.

Hospital

An inpatient program operated by MDHHS for the treatment of individuals with serious mental health or serious emotional disturbances.

Investigation

A detailed inquiry into, and systematic examination of an allegation raised pertaining to Center for Medicare and Medicaid Services (CMS) regulations and MDHHS work rules.

Office of Recipient Rights

The office created by the Michigan Mental Health Code which is subordinate only to the director and is responsible for investigating, resolving and assuring remediation of apparent, suspected, or substantiated rights violations and assuring that mental health services are provided by the department in a manner which respects and promotes the rights of patients as guaranteed by Chapter 7 and 7A of the Michigan Mental Health Code, PA 258 of 1974 as amended.

Work Rules

Standards promulgated by MDHHS governing employee expectations. [The departments work rules](#) have two sections: Section I Misconduct and Section II Recipient Rights/Mental Health Code Violations. Section I applies to all employees of MDHHS. Section II only applies to MDHHS hospital employees.

POLICY

The State Hospital Administration (SHA) investigation unit functions as the administration's entity responsible for investigation of grievances and MDHHS work rule violations in a hospital. The SHA investigation unit examines complaints and allegations that are raised by patients, their parents or guardians, and staff members related to patient care and treatment.

Grievances and work rule violations will be forwarded to the hospital's assigned SHA investigations staff for review upon receipt by the hospital director and/or grievance coordinator. Work rule violations will be reviewed on a case-by-case basis by SHA investigations staff for investigation and further action.

At a minimum, each investigation by the SHA investigation unit will consist of:

- An interview with the complainant, preferably face to face.
- An interview with patient(s) if the patient(s) are not their complainant, preferably face-to-face.
- An interview with all witnesses and others who may provide relevant information, preferably face to face. Written statements, questionnaires or scheduled interviews with all staff witnesses identified in the complaint or incident report may be utilized.
- An interview with the individual(s) who are alleged to have violated a work rule(s) and/or CMS regulations, preferably face-to-face. Written statements or questionnaires may also be utilized.
- Obtaining written statements from staff, patients, or others when such a statement is necessary to support oral interviews, to obtain additional information, or to provide findings relevant to the investigation.
- Review of video recordings if available, consistent with APF 140.
- Review of pertinent patient records, including the electronic medical record, of those involved when pertinent to the complaint.
- A visit to the location of the alleged violation when necessary.
- Review of any other pertinent information, such as statutes, administrative rules, work rules, policies, and procedures.

Investigations will be coordinated as appropriate, and to the extent possible, per policy, rules, statutes with any law enforcement, investigative, advocacy, and/or accreditation agency. An investigation will be immediately initiated on any incident containing an allegation of abuse, neglect, serious injury or death when there is an apparent or suspected rights violation.

Upon completion of the investigation, the SHA investigation unit will submit a written investigative report to the hospital director and the grievance coordinator. Issuance of the completed investigative report may be delayed pending completion of investigations that

involve ORR, external agencies, including law enforcement agencies and/or staff leave.

The SHA investigations section manager, in consultation, as necessary, with the SHA deputy director, approves the final investigation report.

STANDARDS

1. SHA investigation unit staff will have full access to all premises, hospital staff, patients, and records as necessary to conduct a thorough investigation.
2. All hospital staff must cooperate with SHA investigations unit staff during their review, including responding verbally and/or in writing, to interview questions pertaining to the investigative process and investigatory conferences. Failure of an employee to cooperate will be reported to the hospital director and human resources.
3. SHA investigations staff may obtain signed and dated written statements from hospital staff whose information and/or statement is pertinent to the outcome of an investigation. Such written statements must be consistent with any collective bargaining agreements entered into by the State of Michigan.
4. The process timeline for review of grievances, which includes notification of the grievant of the assignment, is seven business days. If the grievance is not resolved, or if the investigation is not complete, within seven business days, the hospital will inform the patient and/or their parent or guardian that the hospital is still working to resolve the grievance and that the hospital will follow up with a written response within a clearly delineated number of days. The grievance must be investigated and resolved within 30 days of submission.
5. SHA investigations staff investigative responsibilities include the following related to patient care and treatment:
 - Centers for Medicare and Medicaid Services regulations, specifically those falling under 42 CFR 482.
 - Significant and select MDHHS work rule violations.

REPORTING

The SHA investigations section manager will report to the SHA deputy director the following quarterly:

- Updates surrounding revisions and effectiveness of the current investigatory process.
- Any changes in methodology used by investigations staff as well as changes to reports or documentation that inform the investigatory process.
- Investigation findings and identified trends.
- Quality control regarding internal investigation process.
- Hospital system tracking logs containing allegations and investigation data.

REFERENCES

Joint Commission RI 01.07.01.

Joint Commission LD 04.01.07.

[Condition of Participation 42 CFR 482.13.](#)

[MDHHS Work Rules.](#)

[Administrative Policy Hospitals and Facilities \(APF\)130, Patient Grievance Policy.](#)

[APF-132, Definitions and Reporting of Abuse and Neglect.](#)

[APF-138, Workplace Violence Prevention.](#)

[Administrative Policy Human Resources \(APR\) 211, Discriminatory Harassment.](#)

[Administrative Policy Compliance \(APX\) 680, Compliance with Section 1557 of the Affordable Care Act.](#)

Michigan Mental Health Code, MCL 330.1 et seq.

CONTACT

For more information contact the State Hospital Administration.